

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26674

State File No.

FILED AUG 31 1954

BIRTH NO. _____		REG. DIST. NO. <u>86</u>		PRIMARY REG. DIST. NO. <u>5329</u>		Registrar's No. <u>21-1954</u>	
1. PLACE OF DEATH a. COUNTY <u>Crawford</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Oak Hill Twp.</u>		c. LENGTH OF STAY (In this place) <u>lifetime</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Oak Hill Twp.</u>		d. STREET ADDRESS (If rural, give location) <u>Owensville, Mo. Rt. 3</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Farm Home</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 20, 1954</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u>		b. (Middle) <u>Logan</u>		c. (Last) <u>Shoemaker</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Sept. 9, 1905</u>		9. AGE (In years last birthday) <u>48</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Owensville, Mo. Rt. 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Henry P. Shoemaker</u>			13b. MOTHER'S MAIDEN NAME <u>Caldonia Wright</u>		14. NAME OF HUSBAND OR WIFE <u>Edna Morgan Shoemaker</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Edna Shoemaker Owensville, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crushing injury to chest and abdomen</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>				<u>E9121</u> <u>3</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm-tractor</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Crawford</u> <u>828</u> <u>Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>8-21-54 5:50</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Pinned between tractor and loaded scoop.</u>			
22. I hereby certify that I attended the deceased from <u>8-21, 1954</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>5:50 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Paula Brown (M.D.)</u>				23b. ADDRESS <u>Owensville, Mo.</u>		23c. DATE SIGNED <u>8-21-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-23-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bowen Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>near Red Bird, Mo.</u>	
DATE REC'D BY LOCAL REG <u>8-23-1954</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		372 REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Walter H. Winter OWENSVILLE</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Melford H. H. White

Licensed Embalmer No.

3838

P. O. Address

OWENSVILLE, MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.